

Application Data Sheet**Application Information**

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of Copies of CDs::
Sequence Submission?:: None
Computer Readable Form (CRF):: No
Number of copies of CRF:: 0
Title:: A PROCESS FOR THE PREPARATION
OF BENZO[D] ISOXAZOL-3-YL-
METHANESULFONIC ACID AND THE
INTERMEDIATES THEREOF
Attorney Docket Number:: 2503-1160
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets::
Small Entity?:: Yes
Latin Name::
Variety Denomination Name::
Petition Included?:: No
Petition Type::
Licensed US Gov't Agency::
Contract or Grant Numbers::
Secrecy Order in Parent No
Appl.?::

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: ITALY
Status:: Full Capacity
Given Name:: GABRIELE
Middle Name::
Family Name:: RAZZETTI
Name Suffix::
City of Residence:: SESTO S. GIOVANNI
State or Province of
Residence::
Country of Residence:: ITALY
Street of Mailing VIA G. PUCCINI, 60
Address::
City of Mailing Address:: SESTO S. GIOVANNI
State or Province of Mailing Address::
Country of Mailing Address:: ITALY
Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor
Primary Citizenship Country:: ITALY
Status:: Full Capacity
Given Name:: SIMONE
Middle Name::
Family Name:: MANTEGAZZA
Name Suffix::
City of Residence:: MILANO
State or Province of
Residence::
Country of Residence:: ITALY
Street of Mailing VIA STENDHAL 54
Address::
City of Mailing Address:: MILANO

State or Province of Mailing Address::
Country of Mailing Address:: ITALY
Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor
Primary Citizenship Country:: ITALY
Status:: Full Capacity
Given Name:: GRAZIANO
Middle Name::
Family Name:: CASTALDI
Name Suffix::
City of Residence:: BRIONA
State or Province of
Residence::
Country of Residence:: ITALY
Street of Mailing Address:: VIA LIVIA GALLINA, 5
City of Mailing Address:: BRIONA
State or Province of Mailing Address::
Country of Mailing Address:: ITALY
Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor
Primary Citizenship Country:: ITALY
Status:: Full Capacity
Given Name:: PLIETRO
Middle Name::
Family Name:: ALLEGRINI
Name Suffix::
City of Residence:: SAN DONATO MILANESE
State or Province of
Residence::
Country of Residence:: ITALY
Street of Mailing Address:: VIA GORIZIA, 1

Address::

City of Mailing Address:: SAN DONATO MILANESE

State or Province of Mailing Address::

Country of Mailing Address:: ITALY

Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor

Primary Citizenship Country:: ITALY

Status:: Full Capacity

Given Name:: VITTORIO

Middle Name::

Family Name:: LUCCHINI

Name Suffix::

City of Residence:: SAN DONATO MILANESE

State or Province of

Residence::

Country of Residence:: ITALY

Street of Mailing VIA DON CANDIANI, 3

Address::

City of Mailing Address:: SAN DONATO MILANESE

State or Province of Mailing Address::

Country of Mailing Address:: ITALY

Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor

Primary Citizenship Country:: ITALY

Status:: Full Capacity

Given Name:: ALBERTO

Middle Name::

Family Name:: BOLOGNA

Name Suffix::

City of Residence:: CREMA

State or Province of

Residence::

Country of Residence:: ITALY
 Street of Mailing VIA ENRICO MARTINI, 62/L
 Address::
 City of Mailing Address:: CREMA
 State or Province of Mailing Address::
 Country of Mailing Address:: ITALY
 Postal or Zip Code of Mailing Address::

Correspondence Information

Correspondence Customer 00466
 Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/EP2003/014919	12/24/03

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
ITALY	MI2003A000026	1/10/03	Yes
ITALY	MI2003A001383	7/4/03	Yes

Assignment Information

Assignee Name:: DIPHARMA S.P.A.

Street of Mailing VIA XXIV MAGGIO, 40

Address::

City of Mailing Address:: MERETO DI TOMBA

State or Province of Mailing Address::

Country of Mailing Address:: ITALY

Postal or Zip Code of Mailing Address::